



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

BLACKFORD CO HEALTH DEPT
506 E. VAN CLEVE
HARTFORD CITY, IN 47348
(765) 348-4317

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name ELKS # 625	Telephone Number 765 348 9953	Date of Inspection (mm/dd/yr) 7/17/23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 3104 N WALNUT ST. HARTFORD CITY		Follow-up NO	Release Date 7/27/23
Owner MEMBERS	Purpose: <input checked="" type="checkbox"/> Routine	Summary of Violations: C _ NC <u>1</u> R _	
Owner's Address SAME	2. Follow-up	Menu Type (See back of page) 1 _ 2 _ 3 <u>X</u> 4 _ 5 _	
Person in Charge ED BLEVINS	3. Complaint		
Responsible Person's E-mail NA	4. Pre-Operational		
Certified Food Handler Amy Bayell	5. Temporary		
	6. HACCP		
	7. Other (list)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/N/C	R	Narrative	To Be Corrected By
252	NC		UTENSILS (FORK, SPOON, KNIFE) ARE WRAPPED EXPOSING THE FOOD CONTACT SURFACES	TODAY

Received by (name and title printed): ED BLEVINS	Inspected by (name and title printed): R. Parker - FSD/EHS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i> FSD/EHS
cc:	cc:

Blackford County Health Department

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Fax # 765-348-3041

Operator Inspection Response

State Form 80047 (2-01)

DATE: 7-17-23

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford Health Department on 7-17-23

Date: Action Taken by Establishment:

RE-WRAPPED SILVERWARE PER HEALTH OFFICER'S
INSTRUCTIONS

(Please forward this Form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: Ed Blawie Title: Secretary

Establishment Name: ELKS 625

Address: 3104 N WALNUT ST. H.C.